

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027829

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 206

Primary Registration District No. 2048

Registrar's No. 69

FILED JUL 24 1962

1. PLACE OF DEATH

a. COUNTY

MADISON

b. CITY (If outside corporate limits, give TOWNSHIP only)

FREDERICK TOWN

Length of stay in 1b

4 days

c. FULL NAME OF (If NOT in hospital, give location)

MADISON Co., Memorial Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

MADISON

Inside Limits

Yes ☐ No ☒

c. CITY

FREDERICK TOWN

d. STREET

Rural Route 3

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

FORREST

DAVID

RAY

4. DATE OF DEATH

Month

Day

Year

JULY

14

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-14-1902

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

VENDING Machine DEALER

10b. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (City and state or country)

MINE LA MOTTE MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM D. RAY

13b. MOTHER'S MAIDEN NAME

CATHERINE L. BANES

14. NAME OF HUSBAND OR WIFE

GRACE INA RAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

—

17. INFORMANT

12 CLIFFORD W. RAY, FREDERICKTOWN, MO.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH

4 Days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

years

DUE TO (c)

Generalized Arteriosclerosis.

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

p.m.

Month, Day, Year

p.m.

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION,

COUNTY

STATE

21. I attended the deceased from

July 8, 1962

to

July 14, 1962

and last saw him alive on

July 14, 1962

Death occurred at

11:30

a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles E. Michael

22b. ADDRESS

Fredericktown, Missouri

22c. DATE SIGNED

July 15, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-17-62

23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEMETERY

23d. LOCATION (City, town, or county)

MADISON COUNTY, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

SAM NAJIM, JR., FREDERICKTOWN, MO.

25. DATE RECD. BY LOCAL REG.

7-15-1962

26. REGISTRAR'S SIGNATURE

Florence Ricker

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

JUL 25 1962

JUL 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles F. Deiss Jr.

Licensed Embalmer No. 5119

P. O. Address 218 E College Street
Fredericktown MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.